

BUILDING DEPARTMENT VENUE ASSESSMENT CHECKLIST

Occupancy

Type: _____

Overload: _____

Seating: (quality, quantity, state of repair, fixed, and portable) _____

Stairs/Ramps: _____

Handrails—size and capacity: _____

Adequate Exits

Number: _____

Capacity: _____

Parking

Spaces: _____

Location: _____

Storage

Square feet: _____

Location: _____

Hazardous Materials

Use: _____

Storage: _____

Kind/type: _____

Security concerns: _____

BUILDING DEPARTMENT VENUE ASSESSMENT CHECKLIST (CONTINUED)

Auxiliary Power

Type: _____

Capacity: _____

Facility Use

Type: _____

History: _____

Building Inspection History

Date of last building inspection: _____

Date of last fire inspection: _____

Correction of violations: _____

Date of last elevator/escalator inspections: _____

Slip/trip/fall hazards present?: _____

Documentation/Monitoring

HVAC Adequacy

Tons per square feet: _____

Plan Review and Walk-Through Inspection with Fire Department Code Enforcement Officer

Building Suppression Systems: _____

ADA Compliance: _____

Coordinate Security of Structurally Vulnerable Areas with Law Enforcement Agency

Catwalks, balconies, and stages: _____

BUILDING DEPARTMENT VENUE ASSESSMENT CHECKLIST (CONTINUED)

Building Owner Contact Information

Name: _____ Phone: _____

Address: _____

Billing Address: _____

Liability Insurance: _____